

Nebraska Workers' Compensation Court

**Proof of Coverage
Implementation Guide
Electronic Data Interchange (EDI)**



**(Draft)
Revised**

February 1, 2005

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Section One:

Introduction

Since 1997, the Nebraska Workers' Compensation Court's Electronic Data Interchange (EDI) Initiative has allowed employers, insurers, and others to file certain forms with the court in an electronic format as opposed to sending these forms through the mail. The benefits of EDI include:

1. Reduced typographical errors, computational errors, misinterpretations, and omissions.
2. Reduced paper-based costs: paper and forms, postage and express mail, faxing.
3. Faster document exchange/turnaround time.
4. Operational improvements: reduced inventory and outstanding receivables.
5. Reduced processing costs.
6. Increased employee efficiency.
7. Benchmarking among jurisdictions and provinces using a central data repository for statistical analysis.

At the time of publication, 99.9 percent of all first reports and 90 percent of all subsequent reports are filed electronically with the court.

Proof of Coverage

The Nebraska Workers' Compensation Court now requires Proof of Coverage information to be electronically filed with the court within the first quarter of 2005; a definite implementation date has not yet been determined. The court will accept the electronic filing of Proof of Coverage (EDI POC) information from insurance companies, either directly with the court, or by way of approved vendors who have been certified by the court. A Nebraska EDI POC Implementation Guide, a list of approved vendors, and the implementation date will be announced in the near future. Please continue to watch for future EDI Advisories on each of these issues. If you have further questions please contact the court's EDI POC Business Contact, Allen Kassebaum, at 800-599-5155.

On <Date goes here>, the Nebraska Workers' Compensation Court adopted a new Rule <Rule # and title goes here> that provides for mandatory electronic filing of proof of coverage information. Trading Partners that do not already file proof of coverage information electronically will be contacted to schedule test dates and to create a flexible implementation schedule.

Contact List

Nebraska Workers' Compensation Court

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Lincoln, NE 68509-8908
402-471-6468 (Lincoln and out-of-state)
800-599-5155 (Nebraska only)
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5610 Medical Circle, Suite 24
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608-663-6355 (phone)
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Section Two:

EDI Trading Partner Requirements

Transaction Overview

The Transaction Overview summarizes the different types of transactions that can be accomplished with IAIABC POC reporting. The overview presents a transaction by name, Triplicate Code, and the business assumption. Additionally, each Triplicate Code has a corresponding Business Scenario (Section 5 of this guide), and a processing example in the Processing Rules document (Section 4 of this Guide).

The three key data elements that comprise the Triplicate Code are: 1) Transaction Set Purpose Code, 2) Transaction Set Type Code, and 3) Transaction Reason Code. These three elements denote via code how the transaction is identified and handled.

An important note to explain is the third column in the overview document that is titled “Carrier/ Insurer Submits.” While Section 2 describes the records that are used for POC, it does not denote the sequence of the records, what triplicate codes are used, and when a specific transaction is or is not required. The “Carrier/Insurer Submits” column displays codes that describe when an *Insured (PC1)* record is used, when an *Insured (PC1)* record is followed by an *Employer (PC2)* record, and when a special set of records (paired transactions) are used. The following describes each of the codes that will be found in this column of the document.

- **A** — Requires a single *Insured (PC1)* record and *Employer (PC2)* records for all jurisdiction locations.
- **E/M** — Requires a single *Insured (PC1)* record and one or more *Employer (PC2)* records for the impacted jurisdiction as agreed to in the Trading Partner Agreement.
- **EN/M** — Requires a single *Insured (PC1)* record and any *Employer (PC2)* record(s) for employers operating in or through the state and not having a physical location in the State.
- **I** — Requires a single *Insured (PC1)* record only.
- **PI** — Required paired *Insured (PC1)* records only.
- **PE** — Requires paired *Insured (PC1)* records with one corresponding *Employer (PC2)* record for the impacted jurisdiction location.

An *Insured (PC1)* record is required for all POC Transactions. The *Insured (PC1)* record contains the triplicate code that defines the purpose of the transaction. When *Employer (PC2)* records are required, as denoted by the codes A, E, E/M, EN/M, and PE, they must immediately follow their specific *Insured (PC1)* record. This is so that the action to be taken, denoted by the *Insured (PC1)* record, can be applied to the specific employers for which the action was intended. There are some transactions, denoted by the codes I, and PI, that do not require an *Employer (PC2)* record because the purpose of the transaction is to make a change that is policy wide and not meant to affect a specific employer. These transactions consist solely of an *Insured (PC1)* record.

For those POC transactions where EN/M is indicated, this transaction is to immediately follow an Establishing Document Transaction or an Endorsement Transaction to Add Jurisdiction. It may be used as a stand-alone transaction only when endorsing an existing policy for the jurisdiction. It is to include the *Insured (PC1)* record and *Employer (PC2)* records only for those employers not having an actual physical address in the jurisdiction, but where the employer does operate in or through the jurisdiction. If one or more employers being reported has a physical address in the jurisdiction, then the transaction with A must be used and full addresses must be reported for those employers with a physical address in the jurisdiction.

Paired transactions are a special set of records used when it is necessary to know what the values in certain fields were before the change is applied. Either a PI or PE code identifies these transactions. When a paired transaction is used, the first set of the pair is the *Insured (PC1)* record as it was previously sent, prior to this change. Immediately following the first *Insured (PC1)* record will be either an *Employer (PC2)* record (if the code is PE) or the updated *Insured (PC1)* record (if the code is PI) that reflects the change that is to be applied. It is important to remember that a paired set of transactions will always consists of two *Insured (PC1)* records at a minimum but can

also include *Employer (PC2)* records attached to each *Insured (PC1)* record if the code so denotes.

As mentioned previously, Section 5 presents the Business Scenarios that are detailed examples, which are numbered to correspond to the overview document. These examples are intended to present realistic transaction(s) that can occur in the transmission of the IAIABC POC system.

When the transaction, according to the overview document, requires only an Insured (PC1) record the example will reflect that. When employer records are required or when paired transactions are used, the example will accurately depict that as well.

Each scenario presented in Section 5 is an independent example of the transaction unless otherwise noted in the transaction business assumption.

Section 4

IAIABC Proof of Coverage Release 2.1 Standards: Transaction Overview

Transaction Overview - Section 4.3

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
NOTIFICATION OF COVERAGE							
Binder - <i>all</i> Employer Locations within Jurisdiction	Y	A	00	05	01	The Carrier/Insurer has written a temporary agreement, which legally provides coverage until the Carrier/Insurer issues a formal contract (policy). This insured does business in the Jurisdiction and the binder provides coverage for the Jurisdiction. <i>All</i> Employer locations are located with the Jurisdiction.	5-1-1.1 N-1
Binder - <i>some</i> Employer Locations within Jurisdiction	Y	A	00	05	01	The Carrier/Insurer has written a temporary agreement, which legally provides coverage until the Carrier/Insurer issues a formal contract (policy). This insured does business in the Jurisdiction and the binder provides coverage for the Jurisdiction. <i>Some</i> Employer locations are located with the Jurisdiction.	5-1-2 N-2
Binder – Insured has No Physical Location within Jurisdiction	Y	I	00	05	80	The Carrier/Insurer has written a temporary agreement, which legally provides coverage until the Carrier/Insurer issues a formal contract (policy). The insured does business in the Jurisdiction and the binder provides coverage for the Jurisdiction. The insured, however, does not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-3 N-3
Binder - Employers with No Physical Address, but Operating within the Jurisdiction	Y	EN/M	00	05	86	The Carrier/Insurer has written a temporary agreement, which legally provides coverage until the Carrier/Insurer issues a formal contract (policy). The insured does business in the Jurisdiction and the binder provides coverage for the Jurisdiction. <i>In addition, one or more employers operate in the Jurisdiction but do not have a physical address in the Jurisdiction (e.g., Interstate common carriers).</i>	5-1-4 N-4
Binder - Employers with No Physical Address, but Operating within the Jurisdiction	Y	EN/M	00	05	86	The Carrier/Insurer has written a temporary agreement, which legally provides coverage until the Carrier/Insurer issues a formal contract (policy). The insured does business in the Jurisdiction and the binder provides coverage for the Jurisdiction. <i>In addition, no employers operate in the Jurisdiction or have a physical address in the Jurisdiction (e.g., Interstate common carriers).</i>	5-1-4 N-4
New Policy - <i>all</i> Employer Locations within the Jurisdiction	Y	A	00	10	01	Carrier/Insurer has written a new policy for an employer. This insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. <i>All</i> Employer locations are located with the Jurisdiction.	5-1-1 N-1

Legend:

*Code	Description
A	Requires a single insured record and employer records for all jurisdiction locations.
E/M	Requires a single insured record and one or more employer records for the impacted jurisdiction as agreed to in the Trading Partner Agreement.
EN/M	Requires a single insured record and any employer record(s) for employers operating in or through the state and not having a physical location in the state
I	Requires a single insured record only.
PI	Required paired insured records only.
PE	Requires paired insured records with one corresponding employer record for the impacted jurisdiction location.

Section 4

IAIABC Proof of Coverage Release 2.1 Standards: Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
New Policy - <i>some</i> Employer Locations within the Jurisdiction	Y	A	00	10	01	Carrier/Insurer has written a new policy for an employer. This insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. <i>Some</i> Employer locations are located with the Jurisdiction.	5-1-2 N-2
New Policy – Insured has No Physical Location within Jurisdiction	Y	I	00	10	80	Carrier/Insurer has written a new policy for an employer. The insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. The insured, however, does not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-3 N-3
New Policy - Employers with No Physical Address, but Operating within the Jurisdiction	Y	EN/M	00	10	86	The Carrier/Insurer has written a new policy for an employer. The insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. In addition, one or more employers operate in the Jurisdiction but do not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-4 N-4
Renewal - <i>all</i> Employer Locations within Jurisdiction	Y	A	00	20	01	Carrier/Insurer has continued the insurance policy/contract coverage for another term. <i>All</i> Employer locations are located with the Jurisdiction.	5-1-1 N-1
Renewal - <i>some</i> Employer Locations within Jurisdiction	Y	A	00	20	01	Carrier/Insurer has continued the insurance policy/contract coverage for another term. This insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. <i>Some</i> Employer locations are located with the Jurisdiction.	5-1-2 N-2
Renewal - – Insured has No Physical Location within Jurisdiction	Y	I	00	20	80	Carrier/Insurer has continued the insurance policy/contract coverage for another term. The insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. The insured, however, does not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-3 N-3
Renewal - Employers with No Physical Address, but Operating within the Jurisdiction	Y	EN/M	00	20	86	The Carrier/Insurer continued the insurance policy/contract coverage for another term. The insured does business in the Jurisdiction and the policy provides coverage for the Jurisdiction. In addition, one or more employers operate in the Jurisdiction but do not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-4 N-4

Legend:

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A	Requires a single insured record and employer records for all jurisdiction locations.
E/M	Requires a single insured record and one or more employer records for the impacted jurisdiction as agreed to in the Trading Partner Agreement.
EN/M	Requires a single insured record and any employer record(s) for employers operating in or through the state and not having a physical location in the state
I	Requires a single insured record only.
PI	Required paired insured records only.
PE	Requires paired insured records with one corresponding employer record for the impacted jurisdiction location.

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IAIABC Proof of Coverage Release 2.1 Standards:

Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
Endorsement – Notifying a New Jurisdiction when a New Location is added to Existing Policy	Y	A	00	31	72	Carrier/Insurer has added the Jurisdiction to an existing policy. The policy did not previously provide coverage in the Jurisdiction.	5-1-5 N-5
Endorsement – Notifying a New Jurisdiction when a New Employer with No Jurisdiction location is added to Existing Policy	Y	I	00	31	80	Carrier/Insurer has added the Jurisdiction to an existing policy for an employer who does not have a physical location in the Jurisdiction. The policy did not previously provide coverage in the Jurisdiction.	5-1-6 N-6
Rewrite/Reissue – Employer Locations within Jurisdiction	Y	A	00	50	01	Carrier/Insurer has canceled policy for cause but has now reconciled the dispute with the insured. Carrier/Insurer rewrites the policy for the original term. Carrier/Insurer will use a new policy number.	5-1-1 or 5-1-2 N-1 / N-2
Rewrite/Reissue - Insured has No Physical Location within Jurisdiction	Y	I	00	50	80	Carrier/Insurer has canceled policy for cause but has now reconciled the dispute with the insured. Carrier/Insurer rewrites the policy for the original term. Carrier/Insurer will use a new policy number. The insured does business in the Jurisdiction and the rewrite/reissue provides coverage for the Jurisdiction. The insured, however, does not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-3 N-3
Rewrite/Reissue - Employers with No Physical Address, but Operating within the Jurisdiction	Y	EN/M	00	50	86	The Carrier/Insurer has canceled policy for cause but has now reconciled the dispute with the insured. Carrier/Insurer rewrites the policy for the original term. Carrier/Insurer will use a new policy number. The insured does business in the Jurisdiction and the rewrite/reissue provides coverage for the Jurisdiction. In addition, one or more employers operate in the Jurisdiction but do not have a physical address in the Jurisdiction (e.g., Interstate common carriers).	5-1-4 N-4
ADDITION OF COVERAGE							
Add New Insured FEIN	Y	PI	04	32	76	The Insured has acquired a new FEIN. The Carrier/Insurer is updating the subject policy for the Insured new FEIN.	5-2-1 A-1
			05	31	76		

Legend:

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A	Requires a single insured record and employer records for all jurisdiction locations.
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EN/M	Requires a single insured record and any employer record(s) for employers operating in or through the state and not having a physical location in the state
I	Requires a single insured record only.
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IAIABC Proof of Coverage Release 2.1 Standards: Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
Submitting Corporate Officer/Partner/Sole Proprietor - Inclusion	Y	I	00	32	67	Carrier/Insurer has adjusted policy coverage to include Corporate Officer/Partner/ Sole Proprietor	5-2-2 A-2
Submitting Corporate Officer/Partner/Sole Proprietor - Exclusion	Y	I	00	32	68	Carrier/Insurer has adjusted policy coverage to exclude Corporate Officer/Partner/ Sole Proprietor	5-2-2 A-2
Add New Employer – Add (Location in Jurisdiction)	Y	E/M	00	31	54	Carrier/Insurer has added a new employer Jurisdiction location to an existing.	5-2-3 A-3
Add New Employer – Add (Insured in Jurisdiction, Employer Not)	Y	EN/M	00	31	86	Carrier/Insurer has added the Jurisdiction to an existing policy and one or more employers operate in the Jurisdiction but do not have a physical address in the Jurisdiction (e.g., Interstate common carriers). CONDITIONAL: May not be submitted alone, must immediately follow one of the Add Jurisdiction Transactions (00/31/72 or 00/31/80).	5-2-3 A-3
Add Employer – Add (Insured and Employer not in Jurisdiction)	Y	EN/M	00	31	87	Carrier/Insurer has added a new employer to an existing policy for the Jurisdiction. The employer operates in the state, but does not have a physical address in the Jurisdiction.	5-2-3 A-3
CHANGE OF EXISTING COVERAGE							
Change Carrier/Insurer FEIN	Y	PI	04	32	83	The Carrier/Insurer has previously transmitted an erroneous Carrier/Insurer FEIN for the policy. The Carrier/Insurer is updating the subject policy to correct the Carrier/ Insurer FEIN.	5-3-1 C-1
			05	32	83		
Correct Insured FEIN	Y	PI	04	33	76	The Carrier/Insurer has previously transmitted an erroneous FEIN for the Insured. The Carrier/Insurer is updating the subject policy to correct the Insured FEIN.	5-3-2 C-2
			05	32	76		
Change Policy Number	Y	PI	04	32	79	Carrier/Insurer has changed the Policy Number for the subject policy. This transaction results in a new establishing document for the policy.	5-3-3 C-3
			05	32	79		
Correct Erroneous Policy Effective Date	Y	PI	04	32	81	The Carrier/Insurer has previously transmitted an erroneous Effective Date for the policy. The Carrier/Insurer is updating the subject policy to correct the Effective Date.	5-3-4 C-4
			05	32	81		
Correct Erroneous Expiration Date	Y	PI	04	32	82	The Carrier/Insurer has previously transmitted an erroneous Expiration Date for the policy. The Carrier/Insurer is updating the subject policy to correct the Expiration Date.	5-3-5 C-5
			05	32	82		

Legend:

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EN/M	Requires a single insured record and any employer record(s) for employers operating in or through the state and not having a physical location in the state
I	Requires a single insured record only.
PI	Required paired insured records only.
PE	Requires paired insured records with one corresponding employer record for the impacted jurisdiction location.

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IAIABC Proof of Coverage Release 2.1 Standards: Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
Change Insured Demographics (Legal Status, Insured Name, Governing Class, Total Payroll, Insured Address, Telephone Number, Business Market, Wrap Up Indicator, Assignment Date, Employee Leasing Policy Identification, Minimum Premium Policy Indicator)	Y	I	00	32	84	Insured has changed demographic information for the subject policy. Insured has reported Changes in the Insured business, which affects the coverage for the subject policy.	5-5-6 C-6
Change Employer FEIN – Employer Locations within Jurisdiction	Y	PE	04	32	77	Employer has changed the FEIN for all or specific locations covered by the subject policy.	5-3-7 C-7
			05	32	77		
Change Employer FEIN - Employer with No Jurisdiction Location <i>Note: A change to the Industry Code and/or # of Employees may be reflected with this change.</i>	Y	PE	04	32	96	Employer has changed the FEIN for an employer operating in the Jurisdiction but having no physical address in the Jurisdiction (e.g., Interstate common carriers) and is covered by the subject policy.	5-3-7 C-7
			05	32	96		
Change Employer UI Number – Employer Locatons within Jurisdiction	Y	PE	04	32	78	Employer has changed the UI Number for all or specific locations covered by the subject policy.	5-3-8 C-8
			05	32	78		
Change Employer U/I Number - Employer with No Jurisdiction Location <i>Note: A change to the Industry Code and/or # of Employees may be reflected with this change.</i>	Y	PE	04	32	95	Employer has changed the UI Number for an employer operating in the Jurisdiction but having no physical address in the Jurisdiction (e.g., Interstate common carriers) and is covered by the subject policy.	5-3-8 C-8
			05	32	95		
Change Employer Demographics – Employer Locations within Jurisdiction (Name, Address, SIC Code, # of Employees)	Y	PE	04	32	85	Employer has changed demographic information for all or specific locations covered by the subject policy. Employer has reported changes in the employers business which affects the Coverage for all or specific locations covered by the subject policy.	5-3-9 C-9
			05	32	85		
Change Employer Demographics – Employer with no Jurisdiction Location (Name, Address, SIC Code, # of Employees) <i>Note: A change to the Industry Code and/or # of Employees may be reflected with this change</i>	Y	PE	04	32	94	Employer name has changed for an employer operating in the Jurisdiction but having no physical address in the Jurisdiction (e.g., Interstate common carriers) and is covered by the subject policy.	5-3-9 C-9
			05	32	94		

Legend:

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A	Requires a single insured record and employer records for all jurisdiction locations.
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Section 4

IAIABC Proof of Coverage Release 2.1 Standards: Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Tran: Reas Code	Business Assumption	File Processing Examples Scenario #	
DELETION OF COVERAGE								
Delete Jurisdiction No Longer Covered by Carrier/Insurer	Y	I	00	33	73	Carrier/Insurer no longer covers an employer Jurisdiction location with an existing policy and the policy no longer reflects any Jurisdiction business.	5-4-1 D-1	
Delete Employer Locations within Jurisdiction	Y	E/M	00	33	56	Carrier/Insurer no longer covers an employer Jurisdiction location with an existing policy.	5-4-2 D-2	
Delete Employer with No Jurisdiction Location	Y	E/M	00	33	87	Carrier/Insurer no longer covers an employer operating in the Jurisdiction but having no physical address in the Jurisdiction (e.g., Interstate common carriers) with an existing policy.	5-4-2 D-2	
CANCELLATION OF COVERAGE								
Policy Cancelled by Carrier/Insurer	Non Payment	Y	E/M	00	41	59	Policy canceled by Carrier/Insurer for cause. Contract Terminated. Employer uninsured.	5-5-1 X-1
	Underwriting Reason			00	41	64		
	Revocation of Voluntary Market Acceptance			00	41	66		
	Failure to Pay Deductible			00	41	69		
	Misrepresentation on Application			00	41	70		
	Rewrite/Reissue			00	41	71		
Policy Cancelled by Insured	Reason Unknown	Y	I	00	42	01	Policy canceled by insured for cause. Contract terminated. Employer uninsured.	5-5-2 X-2
	Out of Business			00	42	45		
	Coverage Placed Elsewhere			00	42	60		
	Duplicate Coverage			00	42	61		
	Change of Ownership			00	42	62		
	Business Sold			00	42	63		
	No Employees/No Exposure/No Operations			00	42	65		

Legend:

*Code	Description
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IAIABC Proof of Coverage Release 2.1 Standards:

Transaction Overview

Transaction	Jurisdiction Accepted Triplicates	Carrier/ Insurer Submits	Trans Set Purp Code	Trans Set Type Code	Trans Reas Code	Business Assumption	File Processing Examples Scenario #
REINSTATEMENT OF COVERAGE							
Carrier/Insurer Reinstates Policy	Y	I	00	70	01	Carrier/Insurer has canceled policy for cause but has now reconciled the dispute with the insured. Carrier/Insurer reinstates the policy for the original term. Effective date may indicate a gap in coverage.	5-6-1 R-1
NON-RENEWAL OF COVERAGE							
Policy Non-Renewed by Carrier/Insurer - Underwriting discretion	Y	E/M	00	60	64	Carrier/Insurer has chosen not to renew the policy at the end of its term. Employer uninsured.	5-7-1 Z-1
Policy Non-Renewed by Insured	Reason Unknown	Y	I	00	60	Insured has chosen not to renew the policy at the end of its term. Employer uninsured.	5-7-2 Z-2
	Out of Business			00	60		
	Coverage Placed Elsewhere			00	60		
	Change of Ownership			00	60		
	Business Sold			00	60		
	No Employees/No Exposure/No Operations			00	60		

Legend:

*Code	Description
A	Requires a single insured record and employer records for all jurisdiction locations.
E/M	Requires a single insured record and one or more employer records for the impacted jurisdiction as agreed to in the Trading Partner Agreement.
EN/M	Requires a single insured record and any employer record(s) for employers operating in or through the state and not having a physical location in the state
I	Requires a single insured record only.
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IAIABC PROOF OF COVERAGE STANDARDS: EVENT TABLE INSTRUCTIONS

Event Table Instructions

The Event Table is designed to provide information integral to understanding a receiving Jurisdiction's EDI reporting requirement. It relates EDI information to events and under what circumstances they are initiated. This includes the jurisdiction's legislative mandates and rules affecting different reporting requirements based on various criteria. The table is used and controlled by the receiving Jurisdiction to convey the level of EDI reporting that is accepted.

Jurisdictions should review the Transaction Overview/Processing Rules document as outlined in the applicable Proof of Coverage Implementation guide. It can be used to assist in completing the Event Table by having a reference to the Triplicate code meanings and scenarios, as well as the Jurisdiction's processing decision. The Jurisdiction must complete the Event Table by updating columns A through F on the Event Table spreadsheet.

Depending on the jurisdiction's requirements, some table rows for specific Triplicate Codes may not be accepted by the Jurisdiction, if not relevant, indicate with an 'N/A' across columns A through F. Each row represents an event trigger. Multiple 'To' and 'From' dates may exist for each Transaction. A new row should be added when there are multiple date occurrences.

Please Note: The Event Table is not intended to be a thorough and comprehensive explanation of all jurisdictions' requirements. Each jurisdiction may have different statutory or rule requirements for filing POC Transactions.

Event Table Column Definitions:

- Triplicate Code
The combination of Transaction Set Purpose Code DN0300, Transaction Set Type Code DN0002 and Transaction Reason Code DN0303 defines the specific purpose (event) for which the transaction is being sent (triggered). Only adopted IAIABC codes can be used.
- Event Type
This is a text description of the Transaction/Event that triggers the required report.
- Event Rule Date
Rule dates are used to express differences in reporting requirements based on Jurisdiction rules/regulations for reporting. The 'From' date indicates the date that the rule went into effect, and the 'Thru' date indicates the end date for the rule. The 'Thru' date is only used when a new rule replaces the current rule, so if there are no situations that require multiple rules, only the 'From' date should be indicated. In cases where these multiple rules exist, each must be expressed on the Event Table as a separate row.
 - (A) From
The Start Date for this rule as defined by the jurisdiction.
 - (B) Thru
The End Date for this rule. (Thru is only used when a new rule replaces this one, if not applicable then indicate with an 'N/A').
- Transaction Due
 - (C) Trigger Criteria Codes
List the events that trigger a specific transaction and cause it to be submitted. If there are multiple events that trigger a Transaction Type, then each event trigger must be listed as a separate rule.

Event Trigger Criteria is pre-populated on the Event Table based on the limitations illustrated below. Binder Trigger Criteria should be inserted based on the applicable criteria code.

IAIABC PROOF OF COVERAGE STANDARDS: EVENT TABLE INSTRUCTIONS

<u>Trigger Criteria Codes*</u>	<u>Limited to Event Type</u>
A Application for Workers' Compensation Insurance policy not ready for release	Binders
B Application for Workers' Compensation Insurance policy ready for release	New Policies
C Policy is expiring, renewal not ready for release	Binders
D Policy is expiring, renewal policy ready for release	Renewals
E Notification from insured	Endorsements
F Key field change made to policy (change carrier within group, policy number and/or policy effective date)	Changes
G Cancellation of policy	Cancellations
H Policy is reinstated	Reinstatements
J Policy has been re-written with a new policy number	Rewrite/reissue
K Non-renewal of policy	Non-Renewals

- (D) Value (# of days)
The number of days used to qualify or define the point 'From' which the transaction is due based upon the Type using the jurisdiction's reporting requirements.
- (E) Type
How to determine the numbers of days used in column 'D'.
B = Business Days, C = Calendar Days
- (F) From
The criteria that determines the latest date that a transaction must be completed and submitted for a specific triggered event to be considered timely. Usually reflects jurisdiction's statute, regulation or rule.

Transaction Due Codes

- 1** From Policy Effective Date
- 2** From Change/Endorsement Processed Date
- 3** Before Cancellation Effective Date
- 4** Before Non-Renewal Effective Date
- 5** From Reinstatement Effective Date
- 6** From Rewrite/Reissue Processed Date

IAIABC PROOF OF COVERAGE STANDARDS: EVENT TABLE INSTRUCTIONS

Examples:

Binder:

Beginning on 1/1/1996, Proof of Coverage information is required by the jurisdiction by the 30th calendar day after the Policy Effective Date. If policy is not ready for release, a Binder transaction is due within 30 calendar days from the Policy Effective Date. The New Policy or, if for a non-continuous coverage jurisdiction, the Renew Policy transaction must be submitted as soon as it is available

New Policy Example using Trigger Criteria Code type - A

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	05	01	Binder - Employers/Locations	01/01/96		A	30	C	1

Renew Policy Example using Trigger Criteria Code type - C

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	05	01	Binder - Employers/Locations	01/01/96		C	30	C	1

New Policy:

Beginning on 1/1/1996, Proof of Coverage information for new business policies are required to be reported to the jurisdiction by the 30th calendar day after the Policy Effective Date, unless a Binder had previously been submitted to the jurisdiction

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	10	01	New Business – Employers/Locations	01/01/96		B	30	C	1

IAIABC PROOF OF COVERAGE STANDARDS: EVENT TABLE INSTRUCTIONS

Renewal:

Beginning on 1/1/1996, renewal policies are required to be reported to the jurisdiction by the 30th calendar day after the Policy Effective Date, unless a Binder had previously been submitted to the jurisdiction

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	20	01	Original – Renewal Policy – Employers/Locations	01/01/96		D	30	C	1

Endorsement:

Beginning on 1/1/1996, the addition of the jurisdiction to a policy is required to be reported to the jurisdiction by the 30th calendar day after the change has been made to the policy by the carrier/insurer

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	31	72	Add Jurisdiction – Employers/Locations	01/01/96		E	30	C	2

Rewrite/Reissue:

Beginning on 1/1/1996, the addition of the jurisdiction to a policy is required to be reported to the jurisdiction by the 30th calendar day after the change has been made to the policy by the carrier/insurer

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	50	01	Rewrite/Reissue Policy – Employers/Locations	01/01/96		J	30	C	6

IAIABC PROOF OF COVERAGE STANDARDS: EVENT TABLE INSTRUCTIONS

Change:

Beginning on 1/1/1996, the jurisdiction requires a all changes for insured name, address, telephone number, legal status, governing class code, total payroll, business market, wrap-up indicator, assignment date, Employee Leasing Policy Identification and Minimum Premium Policy Indicator be reported within 30 business days after the change has been made to the policy by the carrier/insurer

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	32	84	Change Misc. Insured Information	01/01/96		F	30	B	2

Cancellation:

Beginning on 1/1/1996, the cancellation of a policy due to non-payment of premium is required to be reported to the jurisdiction at least 10 business days before the cancellation takes effect. Date notice sent to Employer or Insured must also be provided

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	41	59	Cancellation by carrier/insurer - non-payment of premium	01/01/96		G	10	B	3

Reinstatement:

Beginning on 1/1/1996, the reinstatement of a policy after a cancellation or non-renewal is required to be reported to the jurisdiction within 30 calendar days after the reinstatement effective date

				(A)	(B)	(C)	(D)	(E)	(F)
Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description	From	Thru	Trigger Criteria*	Value	Type**	Due***
00	70	01	Reinstate Policy	01/01/96		H	30	C	5

IAIABC Proof of Coverage Event Table

2.1 Business Scenario reference****						(A)	(B)	(C)	(D)	(E)	(F)	
		Triplicate Code			Event Type		Event Rule Date		Transaction Due?			
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Code	Transaction Reason	From	Thru	Trigger Criteria*	Value	Type**	Due***
NOTIFICATION OF COVERAGE												
N-1, N-2		00	05	01	Binder – Employer Locations within Jurisdiction		7/1/1997		A	10	C	1
N-3		00	05	80	Binder – Insured has No Physical Location within Jurisdiction		7/1/1997		A	10	C	1
N-4		00	05	86	Binder – Employers with No Physical Address, but Operating within the Jurisdiction		7/1/1997		A	10	C	1
N-1, N-2		00	05	01	Binder for Renewal - Employer Locations within Jurisdiction		7/1/1997		C	10	C	1
N-3		00	05	80	Binder for Renewal - Insured has No Physical Location within Jurisdiction		7/1/1997		C	10	C	1
N-4		00	05	86	Binder for Renewal -Employers with No Physical Address, but Operating within the Jurisdiction		7/1/1997		C	10	C	1
N-1, N-2		00	10	01	New Policy – Employer Locations within Jurisdiction		7/1/1997		B	10	C	1
N-3		00	10	80	New Business – Insured has No Physical Location within Jurisdiction		7/1/1997		B	10	C	1
N-4		00	10	86	New Business – Employers with No Physical Address, but Operating within the Jurisdiction		7/1/1997		B	10	C	1
N-1, N-2		00	20	01	Renewal – Employer Locations within Jurisdiction		7/1/1997		D	10	C	1
N-3		00	20	80	Renewal – Insured has No Physical Location within Jurisdiction		7/1/1997		D	10	C	1
N-4		00	20	86	Renewal – Employers with No Physical Address, but Operating within the Jurisdiction		7/1/1997		D	10	C	1
N-5		00	31	72	Endorsement - Notifying a New Jurisdiction when a New Location is added to Existing Policy		7/1/1997		E	10	C	2
N-6		00	31	80	Endorsement - Notifying a New Jurisdiction when a New Employer with No Jurisdiction location is added to Existing Policy		7/1/1997		E	10	C	2
N-1, N-2		00	50	01	Rewrite/Reissue – Employer Locations within Jurisdiction		7/1/1997		J	10	C	1
N-3		00	50	80	Rewrite/Reissue – Insured has No Physical Location within Jurisdiction		7/1/1997		J	10	C	1
N-4		00	50	86	Rewrite/Reissue – Employers with No Physical Address, but Operating within the Jurisdiction		7/1/1997		J	10	C	1

IAIABC Proof of Coverage Event Table

2.1 Business Scenario reference****						(A)	(B)	(C)	(D)	(E)	(F)
		Triplicate Code			Event Type		Event Rule Date		Transaction Due?		
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Code	Transaction Reason	From	Thru	Trigger Criteria*	Value	Type**
ADDITION TO COVERAGE											
A-1	Paired	04	32	76	Add New Insured FEIN	7/1/1997		F	10	C	2
		05	31			7/1/1997			10	C	2
A-2		00	32	67	Submitting Corporate Officer/Partner/Sole Proprietor - Inclusion	7/1/1997		E	10	C	2
A-2		00	32	68	Submitting Corporate Officer/Partner/Sole Proprietor - Exclusion	7/1/1997		E	10	C	2
A-3		00	31	54	Add New Employer – Add (Location in Jurisdiction)	7/1/1997		E	10	C	2
A-3	Conditional	00	31	86	Add New Employer – Add (Insured in Jurisdiction, Employer Not)	7/1/1997		E	10	C	2
A-3		00	31	87	Add Employer – Add (Insured and Employer not in Jurisdiction)	7/1/1997			10	C	2
CHANGE OF EXISTING COVERAGE											
C-1	Paired	04	32	83	Change Carrier/Insurer FEIN	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-2	Paired	04	33	76	Correct Insured FEIN	7/1/1997		F	10	C	2
		05	32			7/1/1997			10	C	2
C-3	Paired	04	32	79	Change Policy Number	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-4	Paired	04	32	81	Correct Erroneous Policy Effective Date	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-5	Paired	04	32	82	Correct Erroneous Expiration Date	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-6		00	32	84	Change Insured Demographics	7/1/1997		F	10	C	2
C-7	Paired	04	32	77	Change Employer FEIN - Employer Locations within Jurisdiction	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-7	Paired	04	32	96	Change Employer FEIN – Employer with No Jurisdiction Location	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-8	Paired	04	32	78	Change Employer UI Number- Employer Locations within Jurisdiction	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-8	Paired	04	32	95	Change Employer UI Number - Employer with No Jurisdiction Location	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-9	Paired	04	32	85	Change Employer Demographics - Employer Locations within Jurisdiction	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2
C-9	Paired	04	32	94	Change Employer Demographics - Employer with No Jurisdiction Location	7/1/1997		F	10	C	2
		05				7/1/1997			10	C	2

IAIABC Proof of Coverage Event Table

2.1 Business Scenario reference****						(A)	(B)	(C)	(D)	(E)	(F)
		Triplicate Code			Event Type	Event Rule Date		Transaction Due?			
		Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Code Transaction Reason	From	Thru	Trigger Criteria*	Value	Type**	Due***
DELETION OF COVERAGE											
D-1		00	33	73	Delete Jurisdiction No Longer Covered by Carrier/Insurer	7/1/1997		E	10	C	2
D-2		00	33	56	Delete Employer Locations within Jurisdiction	7/1/1997		E	10	C	2
D-2		00	33	87	Delete Employer with No Jurisdiction Location	7/1/1997		E	10	C	2
CANCELLATION OF COVERAGE											
X-1	By carrier	00	41	59	Policy Cancelled by Carrier/Insurer - Non-Payment	7/1/1997		G	10	C	3
X-1		00	41	64	Policy Cancelled by Carrier/Insurer - Underwriting Reason	7/1/1997		G	30	C	3
X-1		00	41	66	Policy Cancelled by Carrier/Insurer - Revocation of Voluntary Market Acceptance	7/1/1997		G	30	C	3
X-1		00	41	69	Policy Cancelled by Carrier/Insurer - Failure to Pay Deductible	7/1/1997		G	10	C	3
X-1		00	41	70	Policy Cancelled by Carrier/Insurer - Misrepresentation on Application	7/1/1997		G	30	C	3
X-1		00	41	71	Policy Cancelled by Carrier/Insurer - Rewrite/Reissue	7/1/1997		G	30	C	3
X-2	By insured	00	42	01	Policy Cancellation by Insured – Reason Unknown	7/1/1997		G	10	C	3
X-2		00	42	45	Policy Cancellation by Insured – Out of Business	7/1/1997		G	10	C	3
X-2		00	42	60	Policy Cancellation by Insured - Coverage Placed Elsewhere	7/1/1997		G	10	C	3
X-2		00	42	61	Policy Cancellation by Insured – Duplicate Coverage	7/1/1997		G	10	C	3
X-2		00	42	62	Policy Cancellation by Insured – Change of Ownership	7/1/1997		G	10	C	3
X-2		00	42	63	Policy Cancellation by Insured – Business Sold	7/1/1997		G	10	C	3
X-2		00	42	65	Policy Cancellation by Insured - No Employees/No Exposure/No Operations	7/1/1997		G	10	C	3
REINSTATEMENT OF COVERAGE											
R-1		00	70	01	Carrier/Insurer Reinstates Policy	7/1/1997		H	10	C	5

IAIABC Proof of Coverage Event Table

2.1 Business Scenario reference****						(A)	(B)	(C)	(D)	(E)	(F)
	Triplicate Code				Event Type	Event Rule Date		Transaction Due?			
	Transaction Set Purpose	Transaction Set Type	Transaction Reason	Description of Transaction Type and Code	Transaction Reason	From	Thru	Trigger Criteria*	Value	Type**	Due***
NON-RENEWAL OF COVERAGE											
Z-1	By carrier	00	60	64	Policy Non-Renewed by Carrier/Insurer – Underwriter discretion	7/1/1997		K	30	C	4
Z-2	By insured	00	60	01	Policy Non-Renewed by insured - Reason Unknown	7/1/1997		K	30	C	4
Z-2		00	60	45	Policy Non-Renewed by insured - Out of Business	7/1/1997		K	30	C	4
Z-2		00	60	60	Policy Non-Renewed by insured - Coverage Placed Elsewhere	7/1/1997		K	30	C	4
Z-2		00	60	62	Policy Non-Renewed by insured - Change of Ownership	7/1/1997		K	30	C	4
Z-2		00	60	63	Policy Non-Renewed by insured - Business Sold	7/1/1997		K	30	C	4
Z-2		00	60	65	Policy Non-Renewed by insured - No Employees/No Exposure/No Operations	7/1/1997		K	30	C	4
Trigger Criteria Codes*							Type **				
A = Application for Workers' Compensation Insurance policy not ready for release							B = Business Days				
B = Application for Workers' Compensation Insurance policy ready for release							C = Calendar Days				
C = Policy is expiring, renewal not ready for release											
D = Policy is expiring, renewal policy ready for release											
E = Notification from insured											
F = Key field change made to policy (change carrier within group, policy number and/or policy effective date)											
G = Cancellation of policy											
H = Policy is reinstated											
J = Policy has been re-written with a new policy number											
K = Non-renewal of policy											
Transaction Due Codes***				2.1 Business Scenario reference****							
1 = From Policy Effective Date				These Scenarios are specific to Rel 2.1, for other Scenario References							
2 = From Change/Endorsement Processed Date				refer to the Scenario Crosswalk table							
3 = Before Cancellation Effective Date											
4 = Before Non-Renewal Effective Date											
5 = From Reinstatement Effective Date											
6 = From Rewrite/Reissue Processed Date											

Element Requirement Table *Instructions* (Placeholder Page 1 – ? pages total)

[illegible]

Data Element Number	Element Name	Record Type	Add New Insured FEIN		Change Erroneous Insured FEIN		Change Erroneous Effective Date		Change Erroneous Expiration Date		Change Erroneous Carrier/Insurer FEIN		Include Corporate Officer/ Partner/Sole Proprietor	Exclude Corporate Officer/ Partner/Sole Proprietor	Add Location(s)	Add Employer(s) w/no juris addr	Add Jurisdiction -w/Phys Loc	Add Jurisdiction No Phys Loc	Add Jurisdiction-Emplr w/o Juris Addr	Delete Location(s)	Delete Employer w/o juris addr	Delete Jurisdiction	Canc-Insr/Non Payment	Canc-Insr/Rewrite/Reissue	Canc-Insr/Underwriting Reason	Canc-Insr/Failure to Pay Deduct	Canc-Insr/Misrep of Info on App
	Element Requirements by Transaction (Triplicate Codes) Table		04-32-76	05-31-76	04-33-76	05-32-76	04-32-81	05-32-81	04-32-82	05-32-82	04-32-83	05-32-83	00-32-67	00-32-68	00-31-54	00-31-87	00-31-72	00-31-80	00-31-86	00-33-56	00-33-87	00-33-73	00-41-59	00-41-71	00-41-64	00-41-69	00-41-70
DN0001	Transaction Set ID	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0107	Record Sequence Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0300	Transaction Set Purpose Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0302	Jurisdiction Designee Rec'd Date	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0002	Transaction Set Type Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0303	Transaction Reason Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0304	Transaction Set Type Effec. Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0006	Insurer FEIN	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0007	Insurer Name	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0305	Issuing Office Name	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0306	Issuing Office Address 1	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0307	Issuing Office Address 2	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0308	Issuing Office City	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0309	Issuing Office State	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0310	Issuing Office Postal Code	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0311	Issuing Agency Name	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0312	Issuing Agency City	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0313	Issuing Agency State	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0314	Insured FEIN	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0017	Insured Name	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0315	Insured Address 1	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0316	Insured Address 2	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0317	Insured City	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0318	Insured State	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0319	Insured Postal Code	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0320	Insured Telephone	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0321	Business Market	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0322	Wrap-up Indicator	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0323	Insured Legal Status	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0028	Policy Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN00333	Employee Leasing Policy Identifier	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN00332	Minimum Premium Indicator	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0029	Policy Effective Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0030	Policy Expiration Date	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0324	Prior Policy Number	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0325	Assignment Date	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0004	Jurisdiction	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0326	Governing Class	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0327	Total Payroll	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0328	Number of Employers	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0001	Transaction Set ID	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	F	F	F	X	F	F	F	X	F	F	F	F
DN0107	Record Sequence Number	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	F	F	F	X	F	F	F	X	F	F	F	F
DN0016	Employer FEIN	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	M	M	M	X	M	M	M	M	M
DN0329	Employer UI Code	PC2	X	X	X	X	X	X	X	X	X	X	X	X	IA	IA	IA	X	IA	IA	IA	X	IA	IA	IA	IA	IA
DN0018	Employer Name	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	M	M	M	X	M	M	M	M	M
DN0019	Employer Address 1	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	X	M	M	X	M	M	M	M	M
DN0020	Employer Address 2	PC2	X	X	X	X	X	X	X	X	X	X	X	X	IA	IA	IA	X	X	IA	IA	X	IA	IA	IA	IA	IA
DN0021	Employer City	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	X	M	M	X	M	M	M	M	M
DN0022	Employer State	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	X	M	M	X	M	M	M	M	M
DN0023	Employer Postal Code	PC2	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	X	X	M	M	X	M	M	M	M	M
DN0025	Industry Code	PC2	X	X	X	X	X	X	X	X	X	X	X	X	IA	IA	IA	X	IA	IA	IA	X	IA	IA	IA	IA	IA
DN0330	Number of Employees	PC2	X	X	X	X	X	X	X	X	X	X	X	X	IA	IA	IA	X	IA	IA	IA	X	IA	IA	IA	IA	IA
DN0331	Employer Notify Date	PC2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	M	M

Data Element Number	Element Name	Record Type	Canc-Insr/Revoc of Vol Mkt Accept	Canc-Insrd/Cov Placed Elsewhere	Canc-Insrd/Duplicate Coverage	Canc-Insrd/Business Sold	Canc-Insrd/Change of Ownership	Canc-Insrd/ No Employees/ No Exp/No Ops	Canc-Insrd/Out of Business	Canc-Insrd/Reason Unknown	Non-Renew-Insrd/Cov Placed Elsewhere	Non-Renew-Insrd/Business Sold	Non-Renew-Insrd/Change of Ownership	Non-Renew-Insrd/ No Employees/ No Exp/No Ops	Non-Renew-Insrd/Reason Unknown	Non-Renew-Insrd/Out of Business	Non-Renew-Insrd/Out of Business	Reinstatement	Rewrite/Reissue-w/Phys Loc	Rewrite/Reissue-No Phys Loc	Rewrite/Reissue-Emplr w/o Juris Add
	Element Requirements by Transaction (Triplicate Codes) Table		00-41-66	00-42-60	00-42-61	00-42-63	00-42-62	00-42-65	00-42-45	00-42-01	00-60-60	00-60-63	00-60-62	00-60-65	00-60-01	00-60-45	00-60-64	00-70-01	00-50-01	00-50-80	00-50-86
DN0001	Transaction Set ID	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0107	Record Sequence Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0300	Transaction Set Purpose Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0302	Jurisdiction Designee Rec'd Date	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0002	Transaction Set Type Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0303	Transaction Reason Code	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0304	Transaction Set Type Effec. Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0006	Insurer FEIN	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0007	Insurer Name	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0305	Issuing Office Name	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0306	Issuing Office Address 1	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0307	Issuing Office Address 2	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0308	Issuing Office City	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0309	Issuing Office State	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0310	Issuing Office Postal Code	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0311	Issuing Agency Name	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0312	Issuing Agency City	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0313	Issuing Agency State	PC1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DN0314	Insured FEIN	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0017	Insured Name	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0315	Insured Address 1	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0316	Insured Address 2	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0317	Insured City	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0318	Insured State	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0319	Insured Postal Code	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0320	Insured Telephone	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0321	Business Market	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0322	Wrap-up Indicator	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0323	Insured Legal Status	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0028	Policy Number	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN00333	Employee Leasing Policy Identifier	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN00332	Minimum Premium Indicator	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0029	Policy Effective Date	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0030	Policy Expiration Date	PC1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
DN0324	Prior Policy Number	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	M	M	M
DN0325	Assignment Date	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0004	Jurisdiction	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0326	Governing Class	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0327	Total Payroll	PC1	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
DN0328	Number of Employers	PC1	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
DN0001	Transaction Set ID	PC2	F	X	X	X	X	X	X	X	X	X	X	X	X	X	F	X	F	X	F
DN0107	Record Sequence Number	PC2	F	X	X	X	X	X	X	X	X	X	X	X	X	X	F	X	F	X	F
DN0016	Employer FEIN	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	M
DN0329	Employer UI Code	PC2	IA	X	X	X	X	X	X	X	X	X	X	X	X	X	IA	X	IA	X	IA
DN0018	Employer Name	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	M
DN0019	Employer Address 1	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	X
DN0020	Employer Address 2	PC2	IA	X	X	X	X	X	X	X	X	X	X	X	X	X	IA	X	IA	X	X
DN0021	Employer City	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	X
DN0022	Employer State	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	X
DN0023	Employer Postal Code	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	M	X	X
DN0025	Industry Code	PC2	IA	X	X	X	X	X	X	X	X	X	X	X	X	X	IA	X	IA	X	IA
DN0330	Number of Employees	PC2	IA	X	X	X	X	X	X	X	X	X	X	X	X	X	IA	X	IA	X	IA
DN0331	Employer Notify Date	PC2	M	X	X	X	X	X	X	X	X	X	X	X	X	X	M	X	X	X	X

Edit Matrix Table *Instructions* (Placeholder Page 1 – ? pages total)

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Section Three:

EDI POC Test Certification Procedures

A Third Party Vendor or Insurer will complete the following tests before being certified to submit electronic Proof of Coverage transactions to the Nebraska Workers' Compensation Court (NWCC).

1. The Third Party Vendor or Insurer and the NWCC will establish the electronic transmission capabilities of the sender and perform a communications pretest with the following objectives:
 - a. Define the FTP transmission technique.
 - b. Send at least one batch with at least six transactions.
 - c. Analyze and validate the batch contains a header record, detail records and a trailer record. Validate the number of transaction records sent matches the total number of records specified in the trailer record.
 - d. Validate the flat file records are of the proper length.
 - e. Validate that data elements contain the complete and accurate data values for the specified data element types.
 - f. Return acknowledgements to the sender.
2. Data transmitted during testing may be either sample data or actual proof of coverage data from current or past reporting periods, which will be discarded after testing is completed.
3. Third Party Vendor or Insurer will make every attempt to submit at least one of every transaction as listed in the NWCC transaction overview. If a Vendor or Insurer is unable to supply every transaction listed in the transaction overview NWCC will create fictitious transactions and substitute them with Vendors or Insurer header information to use to test the NWCC POC system prior to going into production with a Vendor or Insurer.
4. Third Party Vendor or Insurer will supply at least three months of historical data and seven days of daily transactions for the purpose of simulating a production environment.
5. NWCC will process transactions, apply all data element and transaction sequencing edits and return acknowledgments to the sender. This test process will be repeated until the sender demonstrates the ability to submit the transactions with the data quality criteria of at least 95 percent of transmitted reports being free of any errors in mandatory and conditional data elements. Sender will notify the NWCC if there are errors in the acknowledgements.
6. NWCC will notify sender when sender has passed the pilot tests and is approved for production.
7. NWCC and the sender will mutually agree upon a date in which to schedule and begin production. Once all the parties have agreed on the production start date each party makes sure to switch the test indicator to production.
8. Production data sent to NWCC will continue to be monitored for completeness and validity of at least 95 percent of transmitted reports being free of any errors. The Third Party Vendor or Insurer shall re-submit any transactions that were rejected by NWCC for all cases on which a filing is required under the Nebraska Workers' Compensation Act and Rule 32 of the Rules of Procedure of the Nebraska Workers' Compensation Court. The Insurer shall advise NWCC as to any rejected electronic form filings that will not be resubmitted.